

Alpha Dye

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1956

State File No. 34879

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Franklinburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> <u>0730</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>STELLA Mo. R.F.D. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WESTBAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1956</u>	
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 30, 1865</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 MIN. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>MELFORD INDIANA</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>ADAM WESTBAY</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTA SMITH</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MILDRED BUTTON, STELLA Mo.</u>		ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis and Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from Oct 1, 1956, to Oct 14, 1956, that I last saw the deceased alive on Oct 14, 1956 and that death occurred at 4:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Alpha Dye</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Neosho, Missouri</u>		23c. DATE SIGNED <u>10-17-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barton County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-18-56</u>		REGISTRAR'S SIGNATURE <u>Alpha Dye</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson, Jr.</u>		ADDRESS <u>Neosho, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

369

RECEIVED

District Health Officer No. Newton

District File Number 1056-175

Date Filed OCT 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed Lesley Thompson

Licensed Embalmer No. 4861

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.